



Non State Employee Health Plan Open Enrollment 2015





Changes for PY 2015

- Plan B will no longer be offered
 - Members will need to select Plan A or C for 2015
- Coventry was purchased by Aetna
 - We will be offering Aetna for 2015
- UnitedHealthcare will no longer be offered
 - Members will need to select Aetna or BCBS
- Salary tiers for employee premiums were eliminated
- Open Enrollment will be on a new website:
<https://sehp.member.hrissuite.com/>



Changes for PY 2015

- Plan A Combined Medical & Pharmacy Out Of Pocket (OOP) Maximum Single: \$4,750/ Family: \$9,500

2014

Medical	
Deductible	\$300/\$600
Coinsurance	20%
OOP Max	\$2,000/\$4,000
Pharmacy	
Coinsurance	20%/35%/60%
OOP Max	\$2,750/\$5,500

2015

Medical	
Deductible	\$300/\$600
Coinsurance	20%
Pharmacy	
Coinsurance	20%/35%/60%
Combined OOP Max	
Medical & Pharmacy	\$4,750/\$9,500



Changes for 2015

- I.R.S requirements for HDHP deductibles increased
 - Plan C's new deductible and OOP Max is:
 - \$2,600 single/\$5,200 family

2014 Network

Deductible	\$2,500/\$5,000
Coinsurance	0%
Out of Pocket Max	\$2,500/\$5,000

2015 Network

Deductible	\$2,600/\$5,200
Coinsurance	0%
Out of Pocket Max	\$2,600/\$5,200



Changes for 2015

- Plan C members that are ineligible for a Health Savings Account (HSA) may now elect a Health Reimbursement Account (HRA)
 - Members who could elect the HRA include:
 - Members eligible for Medicare
 - Members who have VA or military benefits
 - Anyone else not eligible for an HSA
 - Employer contributes the same amounts as for the HSA



Health Reimbursement Accounts (HRA)

- Vs. -

Health Savings Accounts (HSA)

	HRA	HSA
Member Eligibility Requirements :	Self-employed persons are not eligible for an HRA	Must meet IRS eligibility guidelines
Who Contributes:	Employer Only	Employee & Employer
Who Owns the Money :	Employer	Employee
Carryover Funds:	No	Yes
Coverage Period:	Plan Year	Doesn't apply
Expense Documentation:	Substantiation is required by a third party subject to IRS substantiation requirements	Employee responsible for maintaining documentation
Portable:	No	Yes



Changes for PY 2015

- The Autism benefit had to be modified to comply with HB. 2744
 - Annual dollar limits removed
 - Applied Behavior Analysis (ABA) services for children under age 7 will be limited to 1,300 hours per calendar year
 - Children between age 7 but less than 19 years of age, Applied Behavior Analysis (ABA) services will be limited to 520 hours per calendar year



Changes for PY 2015

- Coverage of wheelchairs has been enhanced to allow for medically necessary motorized wheelchairs
- Coverage for prosthetics has been modified to allow for medically necessary prosthetics with electronic components or processors
- The limited coverage for eyeglasses for children with certain eye disorders has been modified to remove the dollar cap
- Compounded medication costing over \$300 will require prior authorization from Caremark



Performance Drug List

- The Performance Drug List has been updated to reflect recent generic drug launches
- Applies to both Plans A & C
- Three drug classes on the Performance Drug List:
 - ACE/ARBs – Blood pressure lowering
 - HMGs – Cholesterol lowering
 - PPIs – Stomach acid reducers
- Must try a Generic before using a Non Preferred Brand Name Drug
- Generic and Preferred Brands not affected





Cholesterol Lowering Agents

Performance Drug List

HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations

Preferred HMGs

- **Generic**
 - amlodipine-atorvastatin
 - atorvastatin (generic Lipitor)
 - fluvastatin
 - lovastatin
 - pravastatin
 - simvastatin
- **Preferred Brands**
 - Crestor
 - Simcor
 - Vytorin



Non Preferred HMGs

- Advicor
- Altoprev
- Liptruzet
- Livalo



Blood Pressure Lowering ACE/ARBs

Performance Drug List

ACE = Angiotensin Converting Enzyme Inhibitors

ARB = Angiotensin II Receptor Antagonists and Direct Renin Inhibitors & Combinations

Preferred

- **Generic**

- amlodipine-benzazepril
- benazepril & benazepril HCT
- candesartan/candesartan HCTZ
- captopril & captopril HCTZ
- enalapril & enalapril HCTZ
- eprosartan
- fosinopril & fosinopril HCTZ
- irbesartan/irbesartan HCTZ
- lisinopril & lisinopril HCTZ
- losartan/losartan HCTZ
- moexipril & moexipril HCTZ
- quinapril & quinapril HCTZ
- ramipril
- telmisartan HCTZ
- trandolapril
- trandolapril-verapamil ext HCTZ
- valsartan & valsartan HCTZ

Preferred Brands

Benicar & Benicar HCT

Micardis & Micardis HCT



Non Preferred ARBs

- Edarbi
- Edarbyclor
- Teveten HCT



Stomach Acid Reducers

Performance Drug List

Proton Pump Inhibitors (PPIs)

Preferred PPIs

- **Generic**
 - esomeprazole
 - lansoprazole
 - omeprazole
 - omeprazole – sodium bicarb
 - pantoprazole
 - rabeprazole
- **Preferred Brand**
 - Dexilant



Non Preferred PPIs

- Prilosec Packets
- Protonix Packets
- Zegerid powder for oral susp



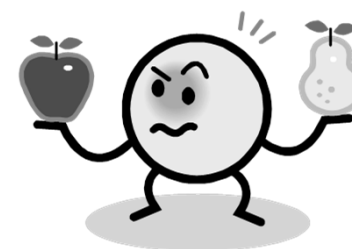
Upcoming Generic Releases

- Abilify ODT
- Abilify Tabs
- Aggrenox
- Aloxi
- Axert
- Baraclude
- Doribax
- Gleevec
- Namenda
- Ortho Tri-Cyclen Lo
- Oxytrol
- Patanol
- Protopic
- Relenza
- Teveten HCT
- Welchol Susp
- Welchol Tabs
- Zyvox Injection
- Zyvox Susp
- Zyvox Tabs



Selecting Your Health Plan

- Pick a plan design (A or C)
 - Which plan design provides the coverage you and your family need?
 - What is the total plan cost?
 - Premiums + Deductible & OOP = ?
- Review the Provider Networks
 - Each of the medical vendors uses a different provider network





Plan A

Medical Coverage

2015 - Network

Medical	
Deductible	\$300/\$600
Coinsurance	20%
Pharmacy	
Coinsurance	20%/35%/60%
Combined OOP Max	
Medical & Pharmacy	\$4,750/\$9,500

2015 - Non Network

Medical	
Deductible	\$500/\$1500
Coinsurance	50%
OOP Max	
Medical & Pharmacy	\$4,750/\$9,500



Plan A

Prescription Drug Plan

Drugs	Coverage Level
Generic	20% Coinsurance
Preferred Brand Name Drugs	35% Coinsurance
Special Case Medications	25% Coinsurance to a Max of \$75 per 30 day supply
Non Preferred Brand Name Drugs	60% Coinsurance
Discount Tier	You pay 100% of discount cost. Do not count toward your OOP



Plan C

Medical Coverage

2015 Network

Deductible	\$2,600/\$5,200
Coinsurance	0%
Combined Medical and Pharmacy OOP	\$2,600/\$5,200

2015 Non Network

Deductible	\$2,600/\$5,200
Coinsurance	20%
Out of Pocket Max	\$4,100/\$8,200



Plan C

Prescription Drug Plan

- Covered drugs are subject to the Network Plan C Deductible
- After the Deductible, the plan pays covered prescription drugs at 100% of allowed charge
- Uses same Preferred Drug List as Plans A
- Plan C is a creditable drug plan
- Discount Tier drugs are Not Covered drugs
 - Only eligible for Caremark's negotiated discount
 - Do not count toward OOP Max



Plan Comparison Example:

- After work on January 15th, Jill fell injuring her wrist
- Jill went to an urgent care center. They x-rayed it, gave her prescription & a splint
- She was advised it was broken & to follow up with an orthopedic doctor the next day
- The orthopedic doctor sent her for a MRI & then placed the wrist in a cast for 6 weeks
- When the cast came off, she went to occupational therapy
- Jill's starts receiving bills for services in February with the last of the therapy charges billed in April



Jill's Claims on Plan A

Service	Actual Charge	Allowed Charge	Deductible	Copay or Coins	Plan Paid	Member Owes
Urgent care Facility	\$279.50	\$279.50		\$50.00	\$229.50	\$50.00
Urgent Care Doctor	\$108.25	\$90.04	\$90.04			\$90.04
Specialist Office visits (4)	\$276.50	\$258.13		\$180.00	\$78.13	\$180.00
MRI	\$1,375.93	\$556.74	\$209.96	\$69.36	\$277.42	\$279.32
Xrays (4)	\$370.00	\$200.61		\$40.12	\$160.49	\$40.12
Pharmacy (1)	\$14.38	\$14.38		\$2.88	\$11.50	\$2.88
Therapy visits (6)	\$2,595.77	\$1419.80		\$499.96	\$919.84	\$499.96
Total	\$5,020.33	\$2,819.20	\$300.00	\$842.32	\$1,676.88	\$1142.32



Jill's Claim on Plan A

- Jill has now met her \$300 Deductible & \$842.32 in Coinsurance & Copays
 - A total of \$1,142.32 is credited toward her Network Out Of Pocket (OOP) max of \$4,750
 - If she needs additional services or prescriptions this year, she will have additional Coinsurance and Copays to pay
- Jill will need to pay the providers \$1,142.32
 - If she has a health care flexible spending account, she could use those dollars to pay the bills
 - Otherwise she will need to come up with this whole amount out of her pocket



Jill's Claims on Plan C

Service	Actual Charge	Allowed Charge	Deductible	Plan Paid	Member Owes
Urgent care Facility	\$279.50	\$279.50	\$279.50		\$279.50
Urgent Care Doctor	\$108.25	\$90.04	\$90.04		\$90.04
Specialist Office visits (4)	\$276.50	\$258.13	\$258.13		\$258.13
Cat Scan	\$1,375.93	\$556.74	\$556.74		\$556.74
Xrays (4)	\$370.00	\$200.61	\$200.61		\$200.61
Pharmacy (1)	\$14.38	\$14.38	\$14.38		\$14.38
Therapy visits (6)	\$2,595.77	\$1419.80	\$1,200.60	\$319.20	\$1,200.60
Total	\$5,020.33	\$2,819.20	\$2,600.00	\$319.20	\$2,600.00



Jill's Claim on Plan C

- Jill has an HSA that the NSG Employer deposited \$750 into in January that she can use to pay the providers
 - Using pre-tax dollars she contributes \$30 per pay period
 - If she started the year with \$0, her HSA would have:
 - by May 1, **\$1,065** available
 - by July 1, **\$1,955** available
 - If she hadn't spent any, by Dec. 31 - **\$2,340**
- Jill has no more out of pocket for the rest of the year
 - Covered network medical and pharmacy services will be paid at 100% for the rest of the plan year



Plan C Health Saving Account



- An employee-owned bank account for saving money to use to pay for your current or future medical expenses
- Account administered by US Bank
- Unspent HSA funds roll over and accumulate year to year and can be invested
- Portable - The account and the money belong to you
- HSA funds can be used to pay expenses of your tax qualified dependents



HSA Eligibility Requirements

- The following Employees are eligible to have an HSA:
 - You must be covered by Plan C a High Deductible Health Plan (HDHP)
 - You have no other health coverage that isn't an HDHP except what is permitted under "Other Coverage" defined by the IRS
 - You are not enrolled in Medicare or TRICARE
 - You cannot be claimed as a dependent on someone else's tax return



Non State HSA Funding

	Single	Family
Employer (ER) Contribution \$1,500/\$2,250	\$750 & \$750	\$1,125 & \$1,125

- Non State Groups may elect to pay your HSA contributions monthly or in lump sums as the State does for its employees:
 - **Active State Example:** Half paid on second pay period in January & First pay period in July
- 2014 Plans A & B members If moving to Plan C in 2015:
 - Your Health Care FSA must have a \$0 balance by 12/31/14
 - If HCFSA funds remain on 1/1/15, the Employer HSA contribution is reduced & will not be made in April 2015



Plan C

HSA Contributions

HSA Account	Single	Family
Total Annual HSA Maximum Contribution	\$3,350	\$6,650
ER Maximum HSA Contribution	\$750 & \$750	\$1,125 & \$1,125
EE Minimum Contribution Annually: \$25 Bi-weekly \$50 Monthly	\$600	\$600
Available Employee (EE) Contributions*	\$25 to \$77.08	\$25 to \$183.32
Additional over age 55 “Catch up” amount	\$1,000	\$1,000

* Based on 24 pay period deductions.



Health Reimbursement Account (HRA)

- Available for Plan C members not eligible for an HSA
- The HRA is 100% employer funded
- No employee contributions are allowed
- HRA members may have a Health Care FSA
- HRAs are not portable
- Unused amounts do not roll from year to year
- Unused amounts cannot be converted to cash
- Unused amounts cannot be assigned to a beneficiary



Non State HRA Funding

	Single	Family
Employer (ER) Contribution \$1,500/\$2,250	\$750 & \$750	\$1,125 & \$1,125

- Members that qualify for an HRA, the Non State Group will send the entire composite rate to the SEHP.
- The SEHP will then fund the HRA account for the member.
- The funding schedule will match the State's.
- Prorated for new members.
 - Members will have 60 days after their termination date or the end of the plan year to get their claims submitted for reimbursement from their HRA account at US Bank.
 - HRA will have debit cards for members to use.
 - May be asked to send in documentation of expenses, just like on a HCFS

• For members that qualify for an HRA, the non state that qualify for an HRA, the non state group will send the entire composite rate to the SEHP.



Quest Diagnostics Preferred Lab Benefit

- Plan A - 100% coverage of eligible outpatient lab tests
- Plan C – Discount on eligible outpatient lab services
- Statewide & nationwide preferred lab vendor
 - Your doctor can draw the sample and send to Quest,
 - You can visit Quest's website for collection sites
 - Services must be performed and billed by Quest
 - Online appointment scheduling available
- All Plan A & C members can use Quest
- Use Your Quest ID card or medical ID card

www.labcard.com



Stormont Vail Preferred Lab Benefit

- Regional Preferred Lab vendor in NE Kansas
- Plan A - 100% coverage for eligible outpatient lab services
- Plan C – Discounts on eligible outpatient lab services
- All Plan A & C members may use the Stormont-Vail draw site locations
- Labs drawn at other Cotton-O'Neil locations may be included if by network providers
- Show your medical ID Card to access benefit



Delta Dental

Dental Coverage

- Plan pays in full for 2 exams & cleanings
- Annual benefit maximum: \$1,700 per person per year

Benefit Level	PPO	Premier	Non Network
Preventive Services	Covered in full	Covered in full	Allowed amount covered in full
Value Based Benefit:	Basic Benefit		
Basic Restorative	50%	50%	50%
	Enhanced Benefit		
Basic Restorative	20%	40%	40%



Superior Vision

Vision Benefits

Basic Vision

Materials Copay	\$25
Office Visit Copay	\$50
Frame Allowance	\$100
Lenses: single vision, standard bifocal, trifocal or lenticular	100%
Contact lenses & fitting fee	\$150 \$35

Enhanced Vision

Covers everything in the Basic Plan PLUS	
Frame Allowance	\$150
High Index or Polycarbonate lenses	Up to \$116
Progressive lenses	Up to \$165
Scratch & UV coating	Covered in full



COMPSYCH®
GuidanceResources® Worldwide

Employee Assistance Program

- Focus is on EAP, work-life, & wellness services
- All calls are answered 24/7 by a masters level clinician
- Fully integrated counseling, work-life, legal, and financial services available
 - Unlimited telephonic financial, legal, and family support
 - Up to 8 in-person counseling sessions at no cost
 - Referrals to local attorneys with free 30-minute consultation & 25% discount on fees



HealthQuest (HQ) Rewards

- The earning period is being extended to 11/15/2014
- The new year will be 11/16/2014 – 11/15/2015
- This change means that during Open Enrollment an employee can see if they have earned the HQ Reward incentive discount or not
 - If they have not, they still will have to time to earn it by 11/15/2014
- Preventive Appointment Grace Period 8/1/2014 – 11/16/2014
 - You must wait until **after Nov. 15, 2014** to report well person, dental and eye appointments for credit next year
 - Complete the self report form @ Kansashealthquest.com



Open Enrollment

- Enroll at: **<https://sehp.member.hrissuite.com/>**
- Enroll between October 1 – 31, 2014
- Coverage effective January 1, 2015



New Open Enrollment Website

- New SEHP Membership Administrative Portal (MAP):
<https://sehp.member.hrissuite.com/>
- You will need to upload electronic copies of birth certificates and marriage licenses if you are adding dependents during OE in MAP
- You will be able to update your information & mailing address
 - Address changes are for health plan information only

MAP Questions: SEHPMembership@kdheks.gov



Registering for MAP

- Because MAP contains your Protected Health Information (PHI) it is a HIPAA compliant site
- All of your information is encrypted for security
- Once registered, you will set up a unique password for future authentication

MAP Questions: SEHPMembership@kdheks.gov



Welcome To MAP

Member Portal

Home Register Sign In

Welcome to the State Employee Health Plan Member Portal

Account Overview

Member & Family | Benefits | Enrollments & Events

Member & Family Information

Add and Edit Family Members

Family Member (click to view)	Relationship	John Smith
John Smith	Employee	Employee ID: N0000000123
Kathryn Smith	Spouse	Social Security Number: 888-00-9999
James Smith	Son	Date of Birth: 05/15/1978
George Smith	Son	Gender: Male
		Marital Status: Married

[Add Family Member](#) [Edit Your Information](#)

Contact Information

Manage Your Contact Information

Benefit Information

Your Currently Active

Medical

Benefit Type: Plan

Coverage Level: Coverage Effective Start: Monthly Rate:

Getting Started

If this is your first time accessing the member portal, you will need to register your account and create a unique login that will provide you with access to your information.

The registration process is automated and can typically be completed in about one minute.

[Register Now](#)

Sign-In

If you have already registered your account, and have a username and password, you can sign-in using the link below.

If you are having trouble accessing your account, or have forgotten your username or password, please contact SEHP Membership Services at 785-296-3226 for help signing in.

[Sign-In](#)

MAP Questions: SEHPMembership@kdheks.gov



Identification Cards

- Aetna, BCBSKS and Delta Dental will send new cards to everyone
- Caremark & Superior Vision will only send card to new members or members making changes
- Reminder:
 - If you lose your ID card, contact the vendors customer service directly at the phone numbers on the inside cover of the Open Enrollment booklet to request a new card.



Transparency Tools

- **Rx Savings Solutions** is a pharmacy transparency tool, to help save you money on your prescription drugs
 - Available now at: www.rxsavingsolutions.com
- **Castlight**, a transparency tool for medical and prescription drugs, will launch for 2015. Castlight's website allows you to search your health plan's providers and compare prices. More information to come soon.



Questions?

Email ?'s to SEHP: benefits@kdheks.gov

